## **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

CLAIMS AFTER 2nd AMENDMENT AFTER
1st AMENDMENT AS FILED DEP. 

TOTAL IND.

TOTAL DEP.

TOTAL

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS